

Vendor Form

Dear Provider:

Due to changes in your billing information or changes in our database we are sending these forms to you. Please complete this form and the enclosed W-9 to facilitate payment on the enclosed billing that you submitted to the VA Roseburg Healthcare System. *NOTE: We are unable to make payments to you until we receive these forms back from you and get the information into the database.* Should you have any questions, please call the Fee Basis office at 800-549-8387 extension 44400. Thank you for caring for our veterans.

Name of Business: _____

Street Address: _____

Billing Address: _____

City: _____ **County** _____ **State** _____ **Zip Code** _____

Phone: _____ **Fax:** _____

Specialty: _____

Tax Identification Number: _____

Medicare Identification Number: _____

National Provider Identifier: _____

Business Type: (Select one)

Small Business(1)-a business whose gross annual receipts average five million dollars or less for the last three years.

Large Business(2)- a business whose gross annual receipts average over five million dollars for the last three years.

Outside the U.S.(3)

Other entities(4), e.g. state/local government, educational, non-profit

Signature of company official certifying business size: _____

Specific Categories Within Business Type: (check all that apply)

Disadvantage (N)- 51% or more owned by one or more socially and economically disadvantaged individuals, including Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans.

Woman-Owned (W)-51% or more owned by one or more women

Vietnam Veteran Owned (Q)-51% or more owned by a Vietnam era veteran.

Disabled Veteran Owned (R)-51% or more owned by a disabled veteran.

Veteran Owned (S)-51% or more owned by a veteran

Woman Owned (LW)

Veteran Owned (LV)

Historically Black College/University or Minority Institution (U)

Javits-Wagner-O'Day (P)

Mail completed forms and billing to:

**VA Roseburg Healthcare System
ATTN: 136f
913 NW Garden Valley Blvd
Roseburg, OR 97470**

Or fax to: 541-440-1278